

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		9-8-00
O.I.P.E. CLASSIFIER		48	9/18/00
FORMALITY REVIEW	LZ	811	10/4/00
RESPONSE FORMALITY REVIEW	AF	829	01/02/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	12/3/02
2	✓
3	✓
4	✓
5	✓
6	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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